



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

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Department of Financial and Professional Regulation
Division of Professional Regulation
Collaborative Pharmaceutical Task Force Advisory Board Meeting

Date: September 8, 2020
Meeting Convened: 12:33 P.M.
Meeting Adjourned: 1:20 P.M.
Location: The Collaborative Pharmaceutical Task Force convened the meeting at 12:40 P.M. CST on Tuesday, September 8, 2020, via WebEx conference call per Executive Order 2020-07 for the purpose of conducting a public meeting.

The following members were present for all or portions of the meeting:

Roll Call: Philip P. Burgess, MBA, DPh, RPh, Chairperson
Hunter Wiggins, General Counsel, Department of Financial & Professional Regulation
Scott Meyers, MS, RPh
Helga Brake, PharmD
Brian H. Kramer, RPh, MBA
Jerry L. Bauman, PharmD
Adam Bursua, PharmD
Scott A. Reimers
Garth Reynolds, RPh
Thomas Stiede
Jayna Brown
Ryan McCann, PharmD
Robb Karr

Staff Present: Munaza Aman, Associate General Counsel, IDFPR
Alex Martell, General Counsel Law Clerk, IDFPR

Guests were Present.

Topic	Discussion	Action
Roll Call & Introductions	<ul style="list-style-type: none"> Chairman Philip P. Burgess provided introductions and took roll call for the task force. Additionally, all recommendations to the General Assembly will be finalized at this meeting. 	
Old Business	<ol style="list-style-type: none"> <u>Approval of Previous Minutes</u> The August Minutes were Approved with edits. <ul style="list-style-type: none"> Jayna Brown moved to approve minutes Seconded by Scott Meyers <u>A vote was then taken to approve the minutes.</u> <ol style="list-style-type: none"> <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Jayna Brown, Scott A. Reimers, Garth Reynolds, Tom Steide, Ryan McCann, and Rob Karr</u> <u>Nays:</u> <u>Abstains:</u> <u>Discussion Topics</u> <ul style="list-style-type: none"> The chairman provided a recap of topics that will be discussed at this meeting. <ol style="list-style-type: none"> Review of the final language requesting a Task Force to be formed regarding remuneration of pharmacists for patient care services including specific areas of concern: <p>“Preface: Since 2005, pharmacists must obtain the Doctor of Pharmacy Degree from an accredited College or School of Pharmacy. This education provides the most comprehensive education on the proper use of medications of any type of health care provider in our nation. And yet, pharmacists continue to be reimbursed based on the quantity and sometimes the overall cost of the product they dispense, regardless of the level of services they provide. Pharmacists, as well-trained medication-use experts provide services that have been proven to improve patient care outcomes and enhance patient safety to a greater extent if allowed to practice at their high level of training and education. Compensation for those services will increase the opportunities to provide additional and important services. The Collaborative Pharmaceutical Task Force recommends that the Illinois General Assembly appoint a new Task Force representing Pharmacy, Medicine, insurance providers, and State agencies involved in the provision of and payment for health care services to the citizens of Illinois. This Task Force should discuss revisions to the pharmacy payment model and produce recommendations that include remuneration for services distinct from reimbursement for sales of drug products. Payment for patient care services distinct from payment for products will improve patient care and safety. We have compiled a recommended charge below for this new Task Force.</p> 	August Minutes Approved

This new Task Force shall:

1. Identify and review other current and proposed models from State, Federal and private payers, for pharmacist remuneration and pharmacy reimbursement for patient care services consistent with contemporary pharmacist training and education.
2. Identify and recommend necessary legislative and regulatory changes that are needed to ensure that the Illinois Departments of Insurance and Healthcare and Family Services (hereafter referred to as “the Departments”) have the authority to assure that the citizens of Illinois have equal and equitable access to patient care services provided by pharmacists and pharmacies.
3. Identify and recommend necessary legislative and regulatory changes that will provide the Departments with the authority to combat medication spread pricing and establish pricing and claim transparency by insurance companies and pharmacy benefit managers (PBMs).
4. Identify and recommend necessary legislative and regulatory changes that will allow the Departments to establish equal and equitable remuneration to pharmacists for the provision of medication-related patient care services currently provided by nurse practitioners and physician assistants.
5. Identify and recommend legislative, regulatory and funding changes needed by the Departments in order to ensure that the existing “any willing provider” provisions of the Insurance Code and Public Aid Code are enforced and ensuring that a patient’s right to equal and equitable access to pharmacist and pharmacy services are available across Illinois.
6. Identify and recommend legislative, regulatory, and funding changes necessary so that the Departments are able to investigate and take appropriate action on complaints from the public and the profession in relation to pharmacy benefit managers.
7. Identify and recommend legislative, regulatory, and funding changes that will enable pharmacists and pharmacy providers to maximize medication-related patient safety for the citizens of Illinois.
8. Identify legislative and regulatory changes necessary to facilitate the provision of pharmacist and pharmacy-based services in communities with recognized health disparities, especially those communities that currently have pharmacy and medical deserts.
9. Identify and recommend a new Illinois model for pharmacy reimbursement and pharmacist remuneration that will improve patient outcomes and enhance patient safety for the citizens of Illinois.”

- Garth: Thank you to Scott and Scott for helping make the necessary adjustments to have the conversations with these Departments going forward.

- Scott Meyers: We hope the GA accepts this recommendation.
- Scott Reimers: I will abstain, but we support this recommendation.
- Jerry: I think this was really good work.
- Helga: I second this.
- Adam: I think we should distinguish between “reimbursement” and “product”
- Jerry: I agree with Adam. We should make this more clear.
- Garth: We could find a way to strengthen that language.
- Scott Meyers: This might be an opportunity to add language about limited services for pharmacists. We need to include language about patient care and safety.
- Adam: I would include: “This Task Force should discuss revisions to the pharmacy payment model and produce recommendations that include remuneration for services distinct from reimbursement for sales of drug products.”
- Phil: And we will add Jerry’s sentence regarding patient safety after.
- Phil: We will vote on this language.
- **A vote was then taken on section A as Proposed (“Provided”).**
 1. **Ayes: Philip P. Burgess, Scott Meyers, Helga Brake, Brian H. Kramer, Garth Reynolds, Robb Karr, and Ryan McCann**
 2. **Nays:**
 3. **Abstains: Scott A. Reimers, Jayna Brown, and Tom Stiede**

B. Review language that will be forwarded to the General Assembly recapping all of the recommendations of the 2020 Task Force

- The chairman provided a recap of the recommendations previously voted on in addition to the vote taken today.

1. Expansion of Standing Orders: “The Pharmaceutical Task Force strongly recommends continued efforts to enable pharmacists to maximize the use of their training and expertise to improve patient care. Expansion of the use of standing orders is one example that would greatly benefit the citizens in the State of Illinois. It is our opinion that Illinois lags many states in allowing pharmacists these functions and the provision of such (though already permitted in the current Pharmacy Practice Act) will improve the public health of Illinois citizens and improve access to care. The provision of self-administered contraception and nicotine replacement products by pharmacists are clear examples where standing orders could be expanded. Moreover, the literature is replete with studies demonstrating the capabilities

Motion
Passed

and benefits of pharmacists to provide these functions in cooperation with the patient’s primary care provider. The Task Force believes that the State of Illinois, through its Department of Public Health can and should facilitate these processes and more as opportunities are identified.”

- Jerry: I believe we should have added diabetes supplies to this list of standing orders.
- Phil: I am very hesitant to go back into these at this time since the Task Force has already voted. We should include the vote information with each recommendation
- Munaza: I can add that in.
- Phil: Ok. So we will add in the votes to the ultimate recommendation.
- Jerry: On the remuneration statement, may I ask why the others besides Scott Reimers?
- Jayna: It is in line with the concerns that my organization has to adding additional duties to pharmacists, so we had to abstain. We do not see an issue with higher remunerations. We are most concerned with undoing the work our organization has already done to lessen the additional duties imposed on pharmacists. In concept, the recommendation sounds great, but without seeing the final form, it is just something that we must abstain from at this time.
- Phil: Any task force members, this is our last meeting, any topic you want to share.
- Munaza: I will send an updated version of the August meeting minutes to the Task Force. I know the Task Force has approved the meetings with the changes.

2. Proposed Amendment to the Pharmacy Rules: “A pharmacy resident participating in a nationally accredited residency program is exempt from Section 15.1(a) of the Act to the extent the provision conflicts with the requirements of the nationally accredited residency program.”

3. Proposed Amendments to the Pharmacy Practice Act: (225 ILCS 85/15.1) “. . . (b) A pharmacist who works 6 continuous hours or longer per day shall be allowed to take, at a minimum, one 30-minute uninterrupted meal break and one 15-minute break during that 6-hour period. The breaks shall be provided no earlier than 3 hours after the pharmacist begins work unless otherwise requested by the pharmacist. If such pharmacist is required to work 12 continuous hours per day, at a minimum, he or she qualifies for an additional 15-minute break. The additional 15 minute break shall be provided no earlier than 6 hours after

the pharmacist begins work unless otherwise requested by the pharmacist. A pharmacist who is entitled to take such breaks shall not be required to work more than 5 continuous hours, excluding a 15-minute break, before being given the opportunity to take a 30-minute uninterrupted meal break. If the pharmacy has a private break room available, or if there is a private break room in the establishment or business in which the pharmacy is located, a pharmacist who is entitled to breaks must be given access to that private break room and allowed to spend his or her break time in that room. . . . (g) Subsections (a), (b), and (e) shall not apply to pharmacists who do not “dispense” during their shift as defined in Sec. 3.”

4. Maintaining Error Records: “Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether to require a pharmacy “to retain records of any errors in the receiving, filling, or dispensing of prescriptions of any kind,” by modifying this standard to establish a Continuous Quality Improvement (“CQI”) Program and recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Continuous Quality Improvement Program,” which states the following:

- a. Each pharmacy shall implement a program for continuous quality improvement, for the purpose of detecting, documenting, assessing, and preventing Quality-Related Events (QREs). At a minimum, a CQI Program shall include provisions to:
 - i. designate an individual or individuals responsible for implementing, maintaining, and monitoring the CQI Program, which is managed in accordance with written policies and procedures maintained in the pharmacy in an immediately retrievable form;
 - ii. initiate documentation of QREs as soon as possible, but no more than seven days, after determining their occurrence;
 - iii. analyze data collected in response to QREs to assess causes and any contributing factors;
 - iv. use the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients;
 - v. provide ongoing CQI education at least annually to all pharmacy personnel

	<ul style="list-style-type: none"> • Any pharmacy that contracts with a federally-listed Patient Safety Organization (PSO) and has developed and implemented a Patient Safety Evaluation System in order to advance the goal of continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41) shall be deemed in compliance with this Section. • All information, communication, data, reports, deliberations and analyses of any pharmacy which satisfies the CQI Program requirements set forth that have the potential to improve quality and/or patient safety and are maintained as a component of a pharmacy CQI Program are privileged and confidential and shall not be subject to discovery or admissible into evidence in a state or federal proceeding nor subject to a judicial subpoena.” • These protections shall not prevent the review of a pharmacy’s CQI Program materials, policies, procedures and corrective actions taken pursuant to their Program. In addition, the Department may collect information of any adverse event or error that is maintained outside of a PSO’s Patient Safety Evaluation System or outside of a CQI program, in response to a subpoena. The disclosure of documents or information under subpoena does not constitute a waiver of the privilege or confidentiality protections associated with a CQI Program. 	
<p>Public Comment</p>	<p>A. <u>Public Comment</u></p> <ul style="list-style-type: none"> • John Long, CVS: Thank you to the Task Force. Is there a way to see any of the documents that have been discussed for the public to view? • Phil: The minutes are public, and we will try to include the voted on language in a public manner. • Phil: Garth and Scott Myers I would hope that you guys would once you get the recommendations that you'll put this into your newsletters to your members. Jayna I would hope that maybe you would at least communicate to your members. So, I hope everyone will distribute to their respective groups all the information of what came out of this. • Absolutely • Definitely • Sean, Teamster 727: As someone who speaks with pharmacists, an outstanding issue is trying to cap pharmacists’ workday to 8 hours. I am hopeful the General Assembly will look beyond the recommendations at that issue as well as strengthen some of the enforcement parameters. • Phil: I would just like to thank the Task Force again for everything that we have accomplished. 	

<p>Adjournment</p>	<ul style="list-style-type: none"> • Adjournment <ul style="list-style-type: none"> ○ Motion Garth ○ Tom Stiede Second ○ <u>A vote was then taken to Adjourn.</u> <ul style="list-style-type: none"> • <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Jayna Brown, Scott A. Reimers, Garth Reynolds, Ryan McCann, Robb Karr, and Tom Stiede</u> <p>1. Adjourned 1:20 p.m.</p>	<p>Motion Passed</p>
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